



Alabama Department of Labor  
 Inspections Division  
 649 Monroe Street  
 Montgomery, Alabama 36131  
 Office 334-353-3323 Fax 334-353-4528

Robert Bentley  
 Governor  
 Fitzgerald Washington  
 Secretary

## Application for Elevator Inspector's License

Applicants Name \_\_\_\_\_  
 Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

QEI-1 Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Issued by \_\_\_\_\_

New License [ ] Renewal [ ] Previous License Number \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Applicant Social Security # (required by Federal/State law for new license, not required for renewal) \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_ (If Yes, provide a copy of driver's license or other acceptable form of identification.) No \_\_\_ (If No, provide acceptable documentation from the US Government with this application. For a list acceptable identification, you can visit our website at: [http://labor.alabama.gov/docs/law/Inspections\\_AcceptableFormsofIdentification.pdf](http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf))

### Elevator Inspector's License

Covers all activities of elevator/conveyance inspection as required by statute 25-13-1 (short title). The following must accompany the application for processing:

- 1.) Insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage.
- 2.) A legible copy of QEI-1 certification card.
- 3.) Check or money order, payable to the Alabama Department of Labor:  
 in the amount of \$100.00 (initial and for renewal prior to expiration date) or  
 in the amount of \$125.00 (for renewal of an expired license within one year of expiration date).

Number of years engaged in the business of inspecting elevators or related conveyances. \_\_\_\_\_

Criminal record of convictions, if any as verified by the Department of Public Safety:  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use**

Approved by \_\_\_\_\_